PROPOSAL FORM

crsyachts
SUPERYACHT INSURANCE

YACHT DETAILS

Name _____

Builder _____

Type/Model/Material _____

Date of Build _____

Rebuild (if applicable) _____

Year Purchased _____ Purchase Price _____

Dimensions
Length (m) _____ Beam (m) _____ Draft (m) _____

Gross Tonnage _____

Engine Details
Engine Make _____ No. _____

H.P. _____ (each) M.D.S _____ (knots) _____ Year

Sail Details (if applicable)
Type of Rigging: Masthead ☐ Fractional ☐
Other _____

Sail Area _____ Material of Mast _____

Type of Hull
Material of Hull _____

Type of hull (i.e. Mono) _____

Tender/Equipment Details

Description	Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Fine Art (items valued over USD 25,000)

Description	Value
_____	_____
_____	_____
_____	_____
_____	_____

OWNERSHIP & REGISTRATION DETAILS

Assured Name _____

Address _____
_____
_____

Tel _____ Fax _____

E-Mail _____

Beneficial Owner
Nationality _____

Occupation _____

Yacht Registration
Port of Registry _____

Flag _____

Mortgage
Is the yacht subject to a mortgage?

If **YES** please advise amount of loan and name of lender

_____
_____

REGULATIONS & CERTIFICATION

Is the Yacht MCA Certified Yes ☐ No ☐
(If Applicable)

Is the Yacht ISM Certified Yes ☐ No ☐
(If Applicable)

If ISM Certified please provide details of Designated Person (DP)

Name _____

Address _____
_____

Tel _____ Fax _____

E-Mail _____

INSURANCE DETAILS

Values to be insured

CurrencyValue*_____   _____

* The above sum insured/value will include all tenders, contents
   and personal effects. If you require these items to be covered
   in excess of the above value please provide separate details.

Dates

Date cover required from   _____

Previous Insurance

Have you had any accidents/claims/losses in connection with
any yacht you have owned within the last 5 years ?

Yes ☐ No ☐

Have you ever been refused insurance ?

Yes ☐ No ☐

If you have answered yes please provide details.

Previous Insurers   _____

CREW DETAILS

No. of Professional Crew   _____

Captain's Name   _____

Qualifications   _____

Crew and Guest Welfare Insurance

Do you require the following **CREW** welfare coverage

- Personal Accident   Yes ☐ No ☐

If **YES** sum insured required   _____

- Temporary Total Accident Extension   Yes ☐ No ☐

If **YES** crew wageroll per annum   _____

- Emergency Medical Expenses   Yes ☐ No ☐

If **YES** sum insured required   _____

Do you required the following

- Personal Accident   Yes ☐ No ☐

If **YES** sum insured required   _____

- Emergency Medical Expenses   Yes ☐ No ☐

If **YES** sum insured required   _____

USE

Navigation Limits

- Mediterranean Waters Only   ☐
- European and Mediterranean Waters   ☐
- Caribbean and Mediterranean Waters,
  including Transatlantic Crossing and
  East Coast USA.   ☐
- Worldwide   ☐
- Other (please specify)   ☐

_____

Mooring

Where is the yacht moored   _____

Use

Private & Pleasure ☐   Skipper Charter ☐

Racing

Is the yacht used for racing   Yes ☐ No ☐

If **YES** please provide value of mast, spars, sails and rigging

_____

If **YES** please provide details of regattas / racing

_____

DECLARATION

**All material facts must be disclosed to Underwriters whether or
not the subject of a specific question above. A material fact is
one which a prudent Underwriter would regard as likely to
influence the acceptance or assessment of the proposal.
Nondisclosure or misrepresentation of material fact may result
in the insurance being 'void'. If you are in any doubt whether
facts would be considered material, you should disclose them.**

**I declare that the particulars and answers are correct and
complete in every respect to my knowledge and belief. I agree
that this proposal and declaration shall form the basis of the
contract of insurance between me and the Underwriters if a
policy is issued.**

**I further declare and agree that if the statement and particulars
above have been completed in the handwriting of any other
person other than the undersigned, such person deemed to be
the agent of the proposer for the completion purposes.**

Signed   _____

Full Name   _____

Dated   _____

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Authorised and Regulated by the Financial Services Authority (firm reference 570755)

Broker at LLOYD'S